

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
HEALTH INFORMATION OPERATIONAL GUIDELINES

I. Patient's Rights: Restrictions of Uses and Disclosures of PHI

A. POLICY

Rev. 06/01/2005

1. **Requests for restrictions** of uses and disclosures of health information will be reviewed individually and every effort shall be made to accommodate reasonable requests.
2. **Decisions to grant or deny a request** for restriction of protected health information will be coordinated and approved through the Privacy Office.
 - a) *No decision will be made unilaterally by a clinic or department manager or by the Privacy Officer.*
 - b) *Only clinic or department managers, with the approval of the Privacy Officer, may grant or deny restrictions. Any restriction agreed to by any other person will not be valid.*
3. **New requests for restrictions** in addition to ones already granted must be presented on a new Request for Special Privacy Protections form. The new form should contain all restrictions requested - not just the most recent request.

B. DEFINITIONS

1. **Restriction:** A defined limitation on the use or disclosure of an element of PHI that would normally be available for treatment, payment, or health care operations.
2. **NOTE:** Requests for Restrictions take many forms and must be recognized as a patient right by all staff members. For Example:
 - a) *A request that a clinic not use the patient's Social Security Number in the computerized registration system.*
 - b) *A request that the patient's positive HIV status not be recorded in the patient's health record.*
 - c) *A request that a patient's identity not be disclosed to a specific employee in the billing department.*

C. PRIVACY REQUIREMENTS

1. **Patients** have the right to request a caregiver to restrict uses or disclosures of protected health information about the patient to carry out treatment, payment or health care operations, or related to disclosures that are allowed unless the patient objects, i.e., disclosures related to a facility directory and disclosures to family or friends involved in the patient's care.
2. **The University** is not required to agree to a request for restriction of PHI for treatment, payment, or operations; however, if a restriction is agreed to, the University must not use or disclose the restricted information, except in cases where the patient is in need of emergency treatment and the information is essential to the treatment.

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3. **Follow Up:** The designated management representative must ensure that all the records, to which the restriction applies, including both health and financial records, are appropriately flagged.

D. Procedure

1. **Verify the identity** of persons requesting the restriction, and if not the patient, their relationship to the patient and authority to make the request. (See Verification of Identity and Authority for the verification process and a list of legal representatives.)
2. **Assist the patient** or representative to complete a Request for Special Privacy Protections (see Section 2: Forms). Give a copy of the completed Request to the patient or representative.
 - a) *If the legal representative has documents to corroborate identity or authority, attach copies to the Request form.*
 - b) *Forward the completed Request form to your immediate supervisor, who will forward it to the appropriate Privacy Office.*
3. **Responses to Requests** for Restrictions are coordinated by the Privacy Office. The Privacy Office will also notify the patient or legal representative of the response.
 - a) *If the request is denied, the denial of restriction and the reason(s) will be documented by the Privacy Office on the Response to Request for Special Privacy Protections form or in a letter. Place copies of the request and the response in the patient's health record. (The original documents will be filed in the Privacy Office.)*
 - b) *If the request is granted, the response will be documented by the Privacy Office on the original request form. Place a copy of the completed Request for Special Privacy Protections in the patient's health record. (The original document will be filed in the Privacy Office.)*
 - (1) Affix a color label or other form of notification to an appropriate place on or in the chart to alert all staff to the restriction.
 - (2) When possible, make a note at the actual location of the restricted patient information.
 - (3) Notify all staff affected by the restriction to ensure its implementation in operational activities.
 - (4) Notify your supervisor and/or the Privacy Office immediately if there are any difficulties in abiding by the restriction, or of any problems that occur as a result of the restriction.
4. **If the restriction is terminated or changed**, the Privacy Office will provide a copy of the Termination of Special Privacy Protection form:
 - a) *File the Termination form in the patient's health record.*
 - b) *Make appropriate changes in the chart or other documentation to indicate that the restriction has been terminated.*

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c) Notify all staff affected by the termination of restriction to ensure that the change is implemented in operational activities.

5. **Retain all documentation** for at least six years after the date that it was last in effect.

E. REFERENCES:

HIPAA: 45 CFR §164.501 (Definitions); §164.522 (Right to Request Privacy Protections)

F. EXHIBITS: None